MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

06144 Reg. Diet. No.202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For nowborn infants give residence of mother)
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Delliam Viones	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. married	20, DATE OF DEATH, JUNE 2 19 49 16 45 M
2. 8	21_LCFRI that death occurred on the date above stated: that attended deceased from
6.(b) Name of husband or wife	June 2 1945 10 terme 2 10 45
7. Birth date of	and that I last saw h. alive on 19. 4. U.
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Tays If less than one day	Ocdema of Tung I day
hrsmir	1.
3. Birthplace Mears Deutser Turanglas	Abue to Cen but been onhage 10 yrs
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	_
12. Name Clex Deaudesee	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Watty Low Druding 15. Birthplace Englished	
15. Birthplace Zuarest and	Major findings of operations.
18. informant / Krs/ Kunn Reauchone	- Date of op.
	Autopsy results
Address Secretary and	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory. A Secretary Company	Where did lajury occur?
7.	
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director 19.4. Character 18.	Means of Injury Injured at work?
Address Dekelan Zul	The Amelana
O. H 45 Maril R.	23. SIGNATURE. M. D. or other
Date ree'd by registrar) Registra	Address Date signed 6 3-45
	And all light an

JUN 6 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

06145
*
Reg. Dist. No. 7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	-
County Klat	(Fig. 1) and the fig. 1 and 1	
	State State	
The orders (Woutside city or town limits, write RURAL NAR and give town)	- State	
direct address, hospital, or institution:	City or town Journal Utt. Use the	Ward No
	(If outside city or town limits, write RURAL NEAR and gi	ve town)
	Street No	
ay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)	
itay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	V
	2 (a) II TELEVIZIO, CAMPE CAMP	
B. (a) FULL NAME	3. (b) Social Securit	y Number
11/1/1/1/1000 1/20 00 //21/	mer	
Manden Lyonar Ma	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sex 5. Color of ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Just Will Wildows	7 ,54	42.7
Andre Aller Andrew	20. DATE OF DEATH 19 4	1, atM
(b) Name of husband or wife	. 21. I CERTIFY that death occurred on the date above stated: that I attended de	ceased from
	Jam 10 19 45 , 10 June 1	
years		193092
Birth date of 2/2 2/4-1862	and that I last saw halive on	195/5
deceased (mo., day, yr.)	Immediate cause of death Seiles Slavorin	DURATION
AGE: Years Months Days If less than one day	Immediate cause of death!	
82-		- 1-42
hrsm	<u>In.</u>	
Birthplace DTL	1. 11. 1 1 1 1 -	3 %
(Town, county, and state)	- Oue to Afferback	3-yar
lettered larrer	V *	
Usual occupation	Oue to	
industry or business	940 (0	
John Thomas 121 min		
12. Name	Other conditions	
12. Name John Florias Ostown 13. Birthplace of Becond		
14. Malden name Passful Stwell 15. Birthplace no Resort	(Include pregnancy within 8 months of death)	-
14. Malden name	- Major findings:	PHYSICIAN
15 Riethniago Ma Medla	Of operations	Please underline
13. Bil implace	-	the cause to whice death should be
Informant MA CANOCE CUCIUL		charged statisti-
61-1 1 150	Of autopsy	cally.
Address MC 9mg (100)		
murial 6/20/45	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Oate thereof (month) (QAy) (year)	Accident, suicide, or homicide Date of	
Theres. Inda		
Cemetery or crematory	Where did injury occur? (City or town) (County)	(State)
Truss. A Playmy L		`
ocation	Injured at home, farm, industry, public place (where?)	
Funeral director / Suster Parriels	Means of injury Injured at work?	
T UNICIAL MILECTOR		
Address Townsum DEL	90 P.00	
1	23. SIGNATURE 9 L. Coffee	
9 Jan (F 19 K) M. (244)	M, I	or other
(b) te rec'd by registrar) Registrar	Address Millandton Bate ston	nd Ferry 19 4.5



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

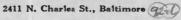
2411 N. Charles St., Baltimore 13/60

Reg. Dist. No. & OU

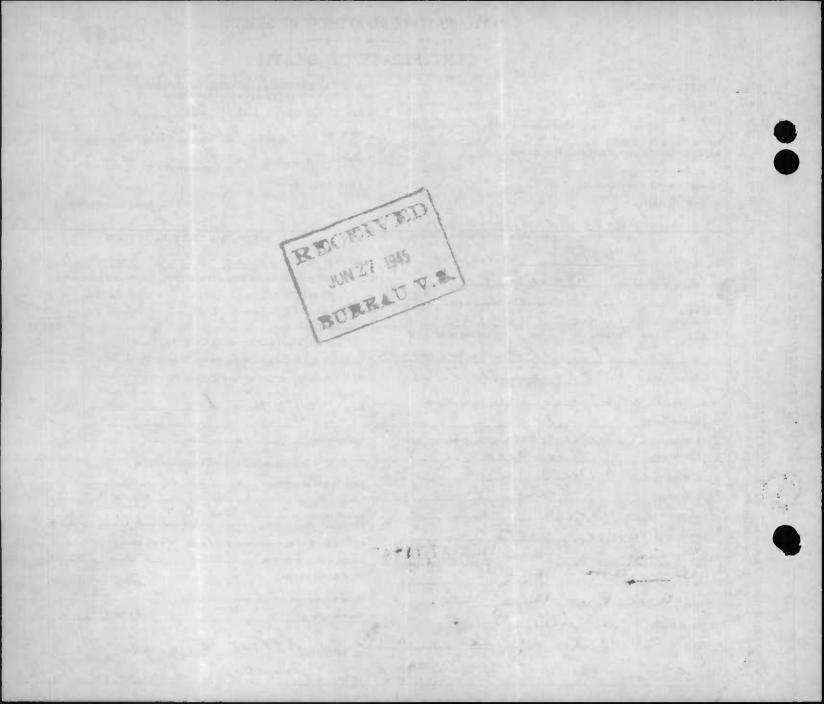
County City or town (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex Final 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife. 12. Ct. Canaa. 7. Birth date of deceased (mo., day, yr.) 18-69	and the last saw h. o.g. alive on
8. AGE: Years Months Days It fess than one day	Immediate cause of death DURATION 3 days.
8. Birthplace	Due to Chr. Inlustrinal Mybrilio 9 years
11. Industry or business 12. Hame	Other conditions
H 14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations
Address / Synt a. Coleman	Antopsy results
(Brriar, cremation, or removal, Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location (Mass) Chester lawy Ma	Where did injury occur?
18. Funeral director. July B. F. Sullan.	Means of Injury Injured at work?
19. June 6, 19 K.T. Clara S. Barner Registrar)	23. SICHATURE M. D. or other M. D. or other Address Mullangland Mag Date signed bold 4.5



MARYLAND STATE DEPARTMENT OF HEALTH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Keset Roll Ward	State Mary Cases County Kees!
City or town(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL end give nearest town)
Hospital, Institution, or street address where death ookurred:	Street No. Pincy healt
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Funces Romain Prouch	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Muser Whili Gidowel	20. DATE DF DEATH 1945 21 1120 PM
8.(b) Name of husband or wife 49 are Grand	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from
	0 folier 1844 10 June L4 1845
7. Birth date of	and that I last saw h. i.i. alive on Juca 24 # 19.45
deceased (mo., day, yr.) May 9 /868	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	the on hedo his oran lelis
77 / 15min.	becour geus Elicin
9. Birthplace	Due to Octorio 7 Cerozio
10. Usual occupation 2 Tizzel & times	Due to #1//waters are
11. Industry or business	Due to
# 12. Name Krelewich Grokele	Dither conditions
13. Birthplace Rock Hall	Emp .
14. Maiden name Fauces Sauch	(Include pregnancy within 8 months of death)
S 15. Birthplace Rock Hall	Major findings of operations.
1 0	Date of op.
16. Informant May a Confeet	Autopsy results
Address Wyserco telly	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremelon, or season Which?) Date thereof (month) (day (year)	Accident, suicide, or homicide
the and the charter	
~ ^ ^ . \	Where did injury occur? (City or town) (County) (State)
Location Wear Rock Wall Wo.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. See Like Will	Means of Injury Injured at work?
Address Chestertown U.S.	23. SIGNATURE Albert ABurgard
1.6/2.5 016 X50 and Burgan	M. D. on-other
(bate ree'd by registrar)	Address NockHell, md Date signed 424/4.



Registrar

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bla

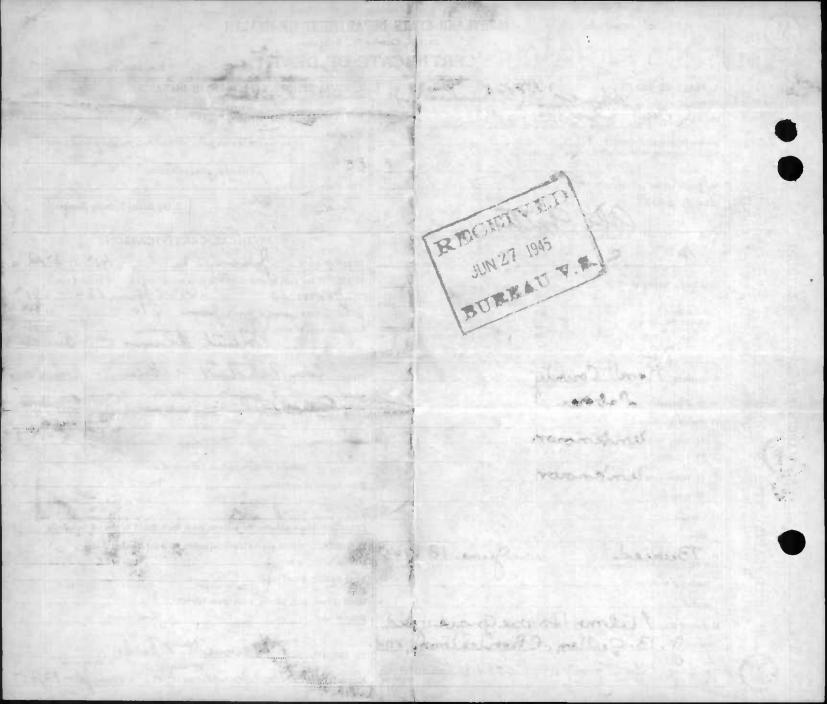
CERTIFICATE OF DEATH

06149 02

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH: (Clembury)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Councily Charles I Charles I Man	State County
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
***************************************	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME abe gattis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m c	20. DATE OF DEATH 19 41 3 18 M
6.(b) Name of husband or wife	21. I CERTIFY that death ocurred on the date above stated; that I attended deceased from
	Jan. 10 1941 10 June 12 - 1941
7. Birth date of	and that I last saw h an alive on 9 10 10 19.43
deceased (mo., day, yr.)	Immediate cause of death/
8. AGE: Years Months Days It less than one day	Immediate cause of death
72hrsmin.	and the second
K	Ch G T T S GURT A. A.
9. Birthplace	Due to
to. Usual occupation. Labore 1	
	Due to.
t1, Industry or business	
t2. Name	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name. Lankanama. 15. Birthplace	(Include pregnancy within 3 months of death)
O as Blabalan	Major findings of operations.
< 15. Bittippace	Date of op.
t6, Informant	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Buried Date thereofune 13 1945	22. VIOLENCE: if death was due to external causes, fill in the tollowing;
(Buriai, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
,	
Location	injured at home, tarm, industry, public place (where?)
18. Funeral director Coloms Howse Grave yard	Means of Injury Injured at work?
Address J. B. G. Hen Chenter Lines med	1 Mes .
The state of the s	23. SIGNATURE M, D. or other
19 June / 3 1945 Claux Baines, (Date ree d by registrar) Registrar	
(Date rec'd by registrar) Registrar	Address Millimeter My Rata stored 4mm /3/11-

VS A15

MARGIN RESERVED FOR BINDING



(month) (day) (year

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH 06150

Reg. Dist. No. 2 0 3

M. D. or other

-	-	
(M	
		1

BINDING

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MARGIN

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supplied.

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information should carefully of death clearly and legibly.

item of ir

Every ite

UNFADING INK.

Physicians: please

important.

PLAINLY especially

SE WRITE I

ASE

15. Birthplace

Date rec'd by registrar)

16. Informant

1. PLACE OF DEATH: Street address, bosnital, or institution Stay in hospital or inst. (yrs., or mos., or days Stay in this community (yrs., or mos., or days) 3. (a) FULL NAME 4. Sex S(c) If alive, give age. 7. Birth date of deceased (mo., day, yr. 8. AGE: Years Months 1D. Usual occupation 11. Industry or business

2. USUAL RESIDENCE (HOME) OF DECEASED: vn limits, write RURAL NEAR and give town) (If rural give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION (Include pregnancy within 3 months of death) PHYSICIAN Major findings: Of operations Please underline the cause to which death should be charged statisti-22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did Injury occur? ... (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)_ Means of Injury Injured at work?



ETAGO SO ANASYREMAN

JUN 26 1945

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

06151

7	CERTIFICAT	E OF DEATH	Reg. Dist. No	.020
supplied	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF I		WENT
pe sı	City or town (If outside city or town limits, write RURAL NEAR and give town)	State mary land co	unity Kend	
carefully legibly.	Street address, hospital, or institutions Creurs Corvellesence Horse	City or town (If outside city or town limits,	write RURAL NEAR and give to	No
and legibly	Stay in hospital or inst. (yrs., or mos., or days)	Street No.	e (Ocation)	ml
	Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR _Y_	day ruce	1190
60	3. (a) FULL NAME Ella Blanch	a Va CHenry	3. (b) Social Security No	ımber
information of death cle	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	1	ERTIFICATION	5 at 830 A.
inf s of	6 (b) Name of husband or wife allen Z 2nd Henry	2D. DATE DF DEATH	1	- 7
em of causes		han . 189	38 , 10 June 4	19 1945
y item the car	7. Birth date of	and that I last saw half alive on	Jule 4	19_ 4 _/
Every write th	deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death		OURATION
	78 5 20hrsmin.	Ister arthu	dx	10/11
K.	9. Birthplace Columbia Co Cempylvanic	Due to		
UNFADING INK.	(Town, county, and state)	(h)		
ING	11. Industry or business 42 - 9	Due to Medica - / M	cular	1942
AD		Other conditions		
FIG.	12. Name Calvin Ders 13. Birthplac Columbia & Remayloana	other conditions		
H T	14. Malden name Harriett Edgal	(Include pregnancy within & Major findings:	months of death)	PHYSICIAN
, WITH U	2 15. Birthplace Columbia Co Temsylvam	Of operations		Please underline the cause to which
imp	16. Informant Joseph alban me Hem	4		death should be charged statisti-
ally	Address Scennedeville and	Of autopsy	,	cally.
PLAINLY especially	17. Surval Date thereof June 8 1945	22. VIOLENCE: If death was due to external ca		
E E	(Burlal, cremation, or removal. Widely) Cemetery or crematory (Valley)	Accident, suicide, or homicide		
age i	Location News Benton Pa.	(City or town Injured at home, farm, Industry, public place		(State)
WR	BID (200	Means of Injury	injured, at work?	
SE WRITE I	18. Funeral director	4 1	n l -11	
PLEASE	Address Still and ma	23. SIGNATURE MALLE	. Switte	
PI	19. Use 7 1945 Clau & Barres, Registrar	Wester and	w. free	5/1900

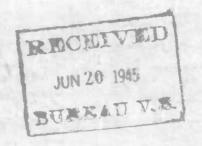
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	105, 100 profilmming annum
1. PLACE OF DEATH: // 1	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(Fol newborn infant) give residence of mother)
City or town Truk Idall - I may bulg	State Mary Land County Land
(If outside city or town limits, write RURAL and Live nearest town)	City or town / Noch Hall 18. U.
How long in above place of death?	City or town (ff or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. / iny Mile
	/ (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Venny Mehus S	L
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION GOALA
M W Williams	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
William William	20. DATE OF DEATH UNL 14 19 43 21 TM
8.(b) Name of husband of take) Wazel Buck Michus	21. ACERTIFY that death accurred on the vate above stated; that I attended deceased from
	200 mg/ at 410. 515 194 19
7. Birth date of	Trait signed anticate and
deceased (mo., day, yr.) Syptember 14, 1863	Instituted by Duran Feders terminate
8. AGE: Years Months Days If less than one day	WE PELL
79 9 0hrsmin.	My 100-12+22
4	
9. Birthplace	Due to.
10	
1D. Usual occupation	Due to Due to
St. Industry or business	
12. Name	Other conditions
13. Birthplace	
<u>M</u>	(Include pregnancy within 3 months of Jenth)
14. Maiden name	Major findings of operations.
₹ 15. Birthplace	Date of op.
16. Informant Mr. Henry Mefrus M.	Aotopsy results.
lorges ld of I Roll les	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1822 Castin are Ducio. Ma	22. VIOLENCE: If death was due to external causes, fill lighthe following:
17 Bural Date thereof (month) (day) (man)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or cremeters / They / Leather	Where did injury occur?
Location Ballitime, Maryland	Injured al,home, farm, Industry, public place (where?)
Means of Injury 7/ Injured at work?	
18. Funeral director Manny . Williams Dulle Ambo MA	
Address Chretulin Maryland MAN 140 81/101/Cell	
M. D. or other	
19. August 19.45 S. Elwood Dungers Registrar	Address Show of the Low street MARGITAL
Togistrary Togistrary	Nucleus Andrews Andrew



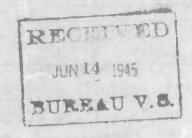
2.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bul)

76153
Reg. Dist. No. 202

1. PLACE OF DEATH: County Kent	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	state Md. county Kent	
How long to above place of death? lifetime		
Hospital, institution, or street eddress where death occurred:	Street No. College Ave.	
College Ave	(If rural, give LOCATION) 2.(a) If veteran, name war. World War I	-
How long in hospital or institution? 3. (a) FULL NAME	10	
	3. (b) Social Security Number	
Bryan Newton 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	June 11.1945 10 A	M
6.(b) Name of husband or wife Josephine Walters Newton		
7. Birth date of	All CERTIFY that Jeath occurred on the date above stated; that lattended dacased from 45 and that I last saw h June 11.1945	
deceased (mo., day, yr.) July 19, 1894 8. AGE: Years Mony On Days If less than one day	Immediate cause of death Goronary Thrombasis	ON
50 July 22hrsmin.	Myqcarditis	
9. Birthplace Kent Co. Mary and (Town, county, and state)	Due to Aterio Sclerosis	
1D. Usual occupation Chief Maintenance Man	Bue to.	
11. Industry or business Washington College	DUC 10-	*********
12. Name Josiah Edward Newton 13. Birthplace Kent CO. Maryland	Other conditions	
₹ 13. Birthplace Kent CO. Maryland	(Include pregnancy within 3 months of death)	
14. Malden came Catherine S. Wood 15. Birthplace Kent Co. Maryland	Major findings of aperations	
15. Birthplace Kent Co. Maryland	Date of op.	
16. Informant Mrs. Josephine Newton (Wife)	.). Antopsy results. None	
Address College AveChestertown, Md.	PHYSICIAN: Please underline the canse to which death should be charged statistically.	
17 Burial (Burial, eremation, or removal. Which?) Date thereof. June 14 1945 (month) (day) (year)		
Cemetery or crematory. Chester Cem.	Where did injury occur?	
Location Chestertown, Maryland	Injured thome, farm, Industry, public place (where?)	
18. Funeral director J. Willis Wells	Means of Jajury Injured at work?	T
Address Chestertown, Md.	Chestertown Ma	
	23. SIGNATURE	
19. June 13 1945 Class & Barnes Registrar'	Address	



MARGIN RESERVED FOR BINDING

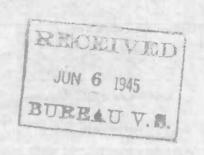
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (954)

7 06154

	14-P 1-14 (A.19) WILLIAM WILLIAM
1. PLACE OF DEATH:	2. USUAL RESIDENCE (FOME) OF DECEASED:
County	Ular ace Illan Arrel
City or town (If outside city or town limits, write RUMAL and give nearest town)	State
15/1/2007	City or town
How long In above place of death?	(If outside city or town limits, write MURAL and give nearest town)
mospital, institution, or effect address where death securities.	Street No.
12 Dem	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Noway from The	1910
4. Sex 6 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mall Nate Morris	fuel Not
9113ch J Pull	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I DESTIFY that death occurred on the date above stated; that Watended deceased from
S. (c) At alive, Ang Rev. C. D. years	19 7 10 19
7. Birth date of	end that i Petrow h 1970
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Coroury house
) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Thou orses
Wellington hal	111. 180 outs find
9. Birthptace	Due to.
10. Usual occupation. Altrico	A Bru Holesky IV
to a to a la to a to	Due to.
11. Industry or business	X
12. Hame	Other conditions
13. Birthplace, White Hoon / Ale	
5 allastar apple les	(Include pregnancy within 3 months of denth)
14. Malden named 15. Birthology (15. Birtholog	Major Endings of operations
El 15. Birthglade O Grand John 1021	Date of op.
18. Informant of the all the	Antopsy results.
140 chatter 18 1 1110	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address Time 5th 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
17 BUPIAL Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year) Arlington Cem.	
Cemetery or crematory	Where did Injury occur?
Drexel Hill, Delaware Co., Penna.	Injured et home, farm, lodustry, public place (where?)
	Means of injury 6 Injured at work?
18. Funeral director J. Willis Wells	-421 Hugh
Address Chestertown, Md.	side Via
Durane H 1945 Clara S. Barnes.	23. SGRATIFIE M. D. Wother
19. 19 19 19 19 19 19 19 19 19 19 19 19 19	Address of Jan Home Will Date signed Illy 3/1/1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06155

CERTIFICATE OF DEATH

Reg. Diat. No. 202

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Comma may Scott	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, without or divorced married	MEDICAL CERTIFICATION 20. DATE DF DEATH. 3 19 45 21 8:00 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Ope. 19 1895	and that I last saw bell alive on
8. AGE: Years Months Days If less than one day 15	Immediate cause of death
9. Birthplace	Due to Organic heart brank
10. Usual occupation	Due to.
12. Name Clark 13. Birtholace Uslaway	Other conditions & Mangell Ruses
14. Maiden name 2da may Colorada 15. Birthplace Orland	(Include pregnancy within 3 months of death) Major fiedings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Manyland Manyland	Autopsy results
17 Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemelery or cremalory	Where did injury occur?
Location Greenstone.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Many O. Welliams	Means of Injury Injured at work?
Address Chestulan, Maryland	23. SIGNATURE DO Sheland M. D. or other
19. June 6, 1945 Clara & Barnes. Registrar	Address Sherier Soury And Dale signed 6 - 5-45

JUN 9 1945
BURBAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 187

CERTIFICATE OF DEATH

66156

1. PLACE OF DEATH: Key +	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Chestertown	State MARY) AND COUNTY DEN		
(If outside city or town limits, write RURAL and give nearest town)	City or town.		
How long in above place of death? 2 Lay3	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death accorred:	Street No		
	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
	vervs		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
temple White Single	20. OATE OF DEATH PRINCE 37 1943 at 10 79 M		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	June 25 1845 10 June 271945		
7. Birth date of deceased (mo., day, yr.) April 3, 1943	and that I last saw h. R. T. alivo on June 27 19 4 1		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
2 2 24hrsmin.	2+3ª degree borns of body 2 days		
	and legs		
9. Birthplace Wilmington, Connty, and state)	Due to		
1D. Usual occupation. IN FANT	Post I		
11. Industry or business	Pue 10		
	An		
12. Name Frederick Liston Stevens 13. Birtholace Golts, Kent Co: Maryland	Other conditions		
	(Include pregnancy within 3 months of death)		
# 14. Malden name Lillian Beecher	Major findings of operations.		
14. Malden name Lillian Beecher 15. Birthplace BAZtimore, MATY)AND	Date of op.		
16. Informant Hosp records	Antopsy results.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Chestertown, Md	22. VIOLENCE: If death was due to external causes, fifl in the following;		
17. (Burial, exemption removed Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide. Accident Date of 6-25-45		
Cemetery or commission Towns and m, a limited	Where did injury occur? Golts Kent Maryland		
3000000	(City or town) (County) (State)		
Location Towns Del	trijured at home, farm, indostry, public place (where?)		
18. Funeral director 1. Justic Daniel	Means of injury Qualita caught fire follow Injured at work? No		
Address Townsend Del.	23. SIGHATURE a.C.Dick, W.D.		
10 June 28, 10 45 Clara & Barnes	M. D. or other Address Ches tes town Udnate signed 6-27-45		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

* 4

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	1 2			
City or town	State Muzy laces County Kent			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	(11 og colde city of town mines, write MCMAM and give heatest town)			
	(If rural, give LOCATION)			
How long in hospital or institution?				
	2.(a) 11 veteran, name war			
Clara mans field Tracy	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
ten Thili married	20. DATE OF DEATH 1200 27 19.45 21 10 45 PM			
2				
6.(b) Name of husband or wife racy racy	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from			
U	0 t 1944, 10 face 27 1941			
7. Birth date of deceased (mo., day, yr.) 0 \$ 11 1874	and that I last saw h. sax alive on 6 = 2 6 to 45 7.			
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate caose of death			
0. 1.0	Throw woo hy ocardelis			
70 8 16min.	Decerificustivis			
9. 8irthplace (Towo, county, and state)	Due to			
to Usual occupation House Golf				
tu. Usuai uccupation	Due to			
11. Industry or business				
12. Name Richard F Morace 13. Birthplace Wet Known	Other conditions (a 07 Great (Quere Tevis)			
\$ 13. Birthplace wet Known				
14. Maiden name Usary Catherin Habbard	(Include pregnancy within 8 months of death)			
14. Maiden name Wierry Catherine Malleard 15. Birtholace Aslineers	Major findings of operations Careses O less breast			
El 15. Birthplace /5 clirucre	Date of op.			
18. informant Lucy Frace	Antopsy resolts			
Address 120cff Hall hed.	PHYSICIAN: Please underline the caose to which death should be charged statistically.			
17 Enrice Rate thereof Long 30 1845	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide			
Cometery or cremetery Wesley Chapel	Where did Injury occur? (City or town) (County) (State)			
R. hylkon mad.				
Location A Della Marie M	Injured at home, farm, Industry, public place (where?)			
ta. Funeral director Ellas L. Lane.	Means of injury trijured at work?			
Address Objected Thiol mid	an AMB			
AUDICOS CHINNE THE TOTAL	23. SIGNATURE CHILLED CONTRACTOR			
19. 6/29. 19.45 S. Elwood Jungen	Profiles 1 1 M. D. Arather			
19. 6 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Date signed 6/28/			





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



06158

CERTIFICATE OF DEATH

Rog. Dist. No. 202

1. PLACE OF DEATH: /p 4	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County.	(For newborn infants give residence of mother)		
Cily or lown	State Many Land County Tent		
How long in above place of death? 15 420.	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occorred:	Street No. Worlin P. J. Street No.		
Millian - That Holling 11. B.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME Bertha Butler Was	Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F C Manual	20. DATE OF DEATH		
adi /1001	28. DATE OF DEATH 19.73 at		
6,(b) Name of hosband or wife	21. I CENTIFY that begin occurred on the bare above stated; that I strenged accesses from		
7. Birth date of	and that I tast saw h. L.Z. alive on		
deceased (mo., day, yr.) - Upul 12 1902	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Cerebrel hemorhage		
43 1 25hrsmin.	, Parelysis of right ride		
9. Birthplace Haymon Hann - Chesapeake lity - marylan	Caus to.		
(Town/county, and/state)	Hypertension		
1B. Usual occupation Mayarufe - Latine	Due to		
11. Industry or business home			
12. Name Monigs Bullic	Diher conditions		
13. Birthplace Chythelician Maryland	(Include pregnancy within 3 months of death)		
14. Maiden name Sarah Wright 15. Birtholace Chesapent Et Mauland	Major findings of operations.		
15. Birthplace Chesapeak lity Manuland	Major names of operations. Date of op.		
16. Informant Mr. Odie Walhers	Agtopsy results.		
11, + DATI be A	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
0 1	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Aagman Mann	Where did injury occur?		
the of the land	lajured at home, farm, industry, public place (where?)		
	Means of Injury thursday, public prace (meret)		
18. Funeral director Maryin, V-William			
Address Chelula Mayland	and a series of a Bearand		
19 June 9 1945 Clara S. Barnes.	23. SIGNATURE aller la Burgard M. D. orothor		
19. Conte rec'd by registrar) 19. Clana & Darmio. Registrar	Address Rock Hell had Bale signed 6/8/45		

JUN 11 1945
BURBAU V.*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57.2

06159

CERTIFICATE OF DEATH

Reg. Diat. No. 2021

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
City or town. Chestertown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? lifetime	state Md. county Kent		
How long in above place of death? lifetime	City or town. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
2II Lynchburg St.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Howard Wickes Jr.	none		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male colored single	20. DATE OF DEATH JUNE 3 1945 21 12 36A M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Laftended deceased from		
8 (a) If all the give age	May 3 1945 to Jean 2 1945		
7. Birth date of	and that I last saw have alive on 19.55		
deceased (mo., day, yr.) Nov. 27, 1944 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
	Bronch James 2		
6 6 6mln.			
9. Birthplace Chestertown, Maryland (Town, county, and state)	Due to		
1D. Usual occupation	Due to		
11. Industry or business			
12. Name Howard Wickes, Sr. 13. Birthplace Kent CO. Md.	Other conditions Congrailed heart due		
	(Include pregnancy within 3 months of death)		
14. Malden name Viola Wilson (unmarried)	Major findings of operations		
15. Birthplace Chestertown, Md.	Major radings of operations. Date of op.		
14. Malden name Viola Wilson (unmarried) 15. Birthplace Chestertown, Md. 16. Informant Viola Wilson (Mother)	Autopsy results.		
Town a laborate Cd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
~	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Bate thereof June 1945 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Quaker Neck (Col.) Cem	Where did injury occur? (City or town) (County) (State)		
Location Chestertown, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director J. Willis Wells	Means of Injury Injured at work?		
Address Chestertown, Md.	23 SIGNATURE Dan Staw. Obschmand		
19 James 4. 19 45 Clara & Barnes Registrar	Address & Historians Add Bata stand 6 14 45		

JUN 6 1945
BURBAUNS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

CERTIFICATE OF DEATH

Manager 1				Keg. Diat. No.41		
1. PLACE OF DEA	Kont		The second of th	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or town. Chestertown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, institution, or street address where death occurred: II5 College Ave. State. Md. Chester Mo. Chester City or town. Chester City or town. II5 College Ave.			State Md. County Kent Chestertown	County Kent ertown own limits, write RURAL and give nearest town) ege Ave. rural, give LOCATION)		
3.(a) FULL NAME Ronald Wilmer			lmer	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	colore	ed	single	20. DATE OF DEATH. James 29 19 7.	5-at	
6.(b) Name of husband or	r wife T	one		21. I CERTIE That death occurred on the date above stated; that attended dec	ceased from	
808888 *** ** ** ** ** ** ** ** ** ** ** *			e) If alive, give ageyears	June 27 1045 10 June 19		
7. Birth date of deceased (mo., day, yr.	Jan.]	II. 19	44	and that last saw harmalive on		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	2 unk	
I	15	118		-		
11. Industry or business			d. tate)	Bue to.		
12. Name	ames Wi	lmer		Other conditions		
	ent CO.	Mary	land	(Include pregnancy within 8 months of death)		
14. Malden nameA	nna Joh	nson	***************************************			
E 15 Rithniace K	ent Co.	Md.		Major findings of operations.		
16. InformantBei	tha Joh	nson	(grandmother)	Autopsy results		
			stertown, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17Burial	or removal. Which	Date there	of Jilly T. J. J.5.	Accident, suicide, or homicide		
			(Col) Cemetery			
				(court of county)		
Location Still Pond Md.				Injured at home, farm, Industry, public place (where?)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			lsn		HERVE L.	
Address Che	stertow	m, Md.		23. SIGNATURE Dr. A. Richard	nd.	
19 Une 2	7 1945 stfar)	Ce	ana S. Barnes. Registrar	23. SIGNATURE AND M. D. M. D. Address Chestartown ML Date signed	or other	

Registrar Address Okethelow ML Date signed.

